



Supplement to H&LP State Funding Agreement

Agency		Supplement Number
Project Number	Agreement Number	

This supplemental agreement is made and entered into _____.

All provisions in the AGREEMENT identified above remain in effect except as expressly modified by this supplement.

The changes to the agreement are described as follows:

Project Description ☐ No Change

Name _____

Location _____

Description of Work ☐ No Change

Reason for Supplement

Type of Work	Estimate of Funding				
	(1) Previous Agreement/Suppl.	(2) Supplement	(3) Estimated Total Project Funds	(4) Estimated Agency Funds	(5) Estimated State Funds
PE	a. Agency	5,000.00	5,000.00	2,500.00	2,500.00
	b. Other				
	c. Other				
	d. State				
	e. Total PE Cost Estimate (a+b+c+d)	5,000.00	5,000.00	2,500.00	2,500.00
Right of Way	f. Agency				
	g. Other				
	h. Other				
	i. State				
	j. Total R/W Cost Estimate (f+g+h+i)				
Construction	k. Contract				
	l. Other				
	m. Other				
	n. Other				
	o. Agency				
	p. State				
	q. Total CN Cost Estimate (k+l+m+n+o+p)				
r. Total Project Cost Estimate (e+j+q)		5,000.00	5,000.00	2,500.00	2,500.00

AGENCY

By _____

Title _____

Date _____

STATE

By _____

Assistant Secretary for Highways and Local Programs

Date _____